

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|   |                                   |  |                     |
|---|-----------------------------------|--|---------------------|
| <b>1 Date of Request:</b> _____                             |                                   | <b>2 Serial/Patent #</b> <b>10/524353</b>  |                     |
| <b>3 Please refund the following fee(s):</b>                |                                   | <b>4 PAPER NUMBER</b>  | <b>5 DATE FILED</b> |
|   | Filing                            |  | \$                  |
|   | Amendment                         |  | \$                  |
|   | Extension of Time                 |  | \$                  |
|   | Notice of Appeal/Appeal           |  | \$                  |
|   | Petition                          |  | \$                  |
|   | Issue                             |  | \$                  |
|   | Cert of Correction/Terminal Disc. |  | \$                  |
|   | Maintenance                       |  | \$                  |
|   | Assignment                        |  | \$                  |
|   | Other                             |  | \$                  |
|   |                                   | <b>7 TOTAL AMOUNT OF REFUND</b>  |                     |
|   |                                   | \$   |                     |
|   |                                   | <b>8 TO BE REFUNDED BY:</b>  |                     |
|   |                                   | Treasury Check   |                     |
|   |                                   | Credit Deposit A/C #:  |                     |
|   |                                   | <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%;"></div> <div style="width: 20%; text-align: center;">--</div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> </div> </div> </div> |                     |
| <b>10 REASON:</b>   |                                   |  |                     |
|   | Overpayment                       |  |                     |
|   | Duplicate Payment                 |  |                     |
|   | No Fee Due (Explanation):         |  |                     |
|   |                                   |  |                     |
|   |                                   |  |                     |
|   |                                   |  |                     |
| <b>11 REFUND REQUESTED BY:</b>                              |                                   |  |                     |
| <b>TYPED/PRINTED NAME:</b> _____                            |                                   | <b>TITLE:</b> _____  |                     |
| <b>SIGNATURE:</b> _____                                     |                                   | <small>Adj. Date: 06/07/2005 PKIDWELL</small><br><small>06/22/2005 SNAJARRO 00000055 501432 1052435</small><br><small>02 FC:1632 500.00 CR</small>   |                     |
| <b>OFFICE:</b> _____  |                                   |  |                     |
| *****<br>THIS SPACE RESERVED FOR FINANCE USE ONLY:<br>***** |                                   |  |                     |
| <b>APPROVED:</b> _____                                      |                                   | <b>DATE:</b> _____   |                     |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**